

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO**

IN RE:

DIANA FALCÓN DÍAZ

DEBTOR

CASE NO. 17-03861 (MCF)

CHAPTER 11

DEBTOR'S MOTION SUBMITTING AMENDED SCHEDULES E/F

TO THE HONORABLE COURT:

COMES NOW debtor through the undersigned attorney and very respectfully state and pray as follows:

1. On May 31st, 2017, the debtor filed a voluntary petition under Chapter 11 of the Bankruptcy Code.
2. Debtor is hereby amending Schedules E/F to eliminate the debts that belong to Hogar María Santísima.
3. Debtor is also attaching Official Form 106Dec in regards to Amended Declaration About an Individual Debtor's Schedules.

WHEREFORE, debtor requests from this Honorable Court to take notice of said amendment.

RESPECTFULLY SUBMITTED

In Caguas, Puerto Rico, this 14th day of July 2017.

NOTICE: Within twenty-one **(21) days** after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the clerk's office of the United States Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is

forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the court, the interest of justice requires otherwise.

CERTIFICATE OF SERVICE: I CERTIFY that on this same date the foregoing document has been electronically filed WITH THE Clerk of the Court using the CM/ECF system which sends notified of such filing to all system's participants, including the U.S. Trustee's Office and the Trustee.

/s/ CARLOS A. RUIZ RODRIGUEZ

USDC-PR 210009

Attorney for Debtor

P.O. Box 1298, Caguas, PR 00726-1298

Phone: (787) 286-9775 / Fax: (787) 747-2174

carlosalbertoruizquiebras@gmail.com

Fill in this information to identify your case:	
Debtor 1	<u>DIANA FALCON-DIAZ</u>
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the <u>District of Puerto Rico</u>	
Case number (If known)	<u>3:17-bk-3861</u>

Check if this is an amended filing

Official Form 106E/F

Amended Schedule E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. **Do any creditors have priority unsecured claims against you?**
 No. Go to Part 2.
 Yes.
2. **List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim Priority amount Nonpriority amount

2.1 CORPORACION DEL FONDO DEL SEGURO DEL ESTADO		Last 4 digits of account number: 7402	\$67,205.00	\$12,600.00	\$54,605.00
Priority Creditor's Name PO Box 365028		When was the debt incurred: UNKNOWN			
Number Street <hr/> San Juan PR 00936-5028		As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
City, State, ZIP Code		Type of PRIORITY unsecured claim:			
Who incurred the debt? Check one.		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2 DEPARTAMENTO DE HACIENDA		Last 4 digits of account number: 7402	\$22,028.90	\$15,421.37	\$6,607.53
Priority Creditor's Name PO BOX 9024140		When was the debt incurred: UNKNOWN			
Number Street <hr/> San Juan PR 00902-4140		As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
City, State, ZIP Code		Type of PRIORITY unsecured claim:			
Who incurred the debt? Check one.		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 DIANA FALCON-DIAZ

		Total claim	Priority amount	Nonpriority amount
2.3 INTERNAL REVENUE SERVICE	Last 4 digits of account number: 7402	\$71,917.42	\$61,227.32	\$10,690.10
Priority Creditor's Name PO BOX 11996	When was the debt incurred: UNKNOWN			
Number Street	As of the date you file, the claim is: Check all that apply			
San Juan PR 00922	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
City, State, ZIP Code	Type of PRIORITY unsecured claim:			
Who incurred the debt? Check one.	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were Intoxicated <input type="checkbox"/> Other. Specify			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Part 2: List All of Your NONPRIORITY Unsecured Claims

- Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.
- List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.**

Total claim

4.1 Autoridad de Acueductos y Alcantarillados	Last 4 digits of account number: -8547	\$14,028.60
Nonpriority Creditor's Name PO Box 7066	When was the debt incurred: UNKNOWN	
Number Street	As of the date you file, the claim is: Check all that apply	
San Juan PR 00916-7066	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
City, State, ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utility	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.2 Autoridad de Acueductos y Alcantarillados	Last 4 digits of account number: -2767	\$10,044.61
Nonpriority Creditor's Name PO Box 7066	When was the debt incurred: UNKNOWN	
Number Street	As of the date you file, the claim is: Check all that apply	
San Juan PR 00916-7066	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
City, State, ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utilities	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Total claim

4.3	Last 4 digits of account number: 0001	\$49,918.00
<u>Banco Popular de PR - Bankruptcy Division</u>		
Nonpriority Creditor's Name		
PO BOX 366818		
Number Street		
San Juan PR 00936-6818		
City, State, ZIP Code		
Who incurred the debt? Check one.		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.4	Last 4 digits of account number: 7402	\$2,197.53
<u>DEPARTAMENTO DE HACIENDA</u>		
Nonpriority Creditor's Name		
PO BOX 9024140		
Number Street		
San Juan PR 00902-4140		
City, State, ZIP Code		
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
4.5	Last 4 digits of account number:	\$6,000.00
<u>MR. ARMANDO LOPEZ HADDOCK</u>		
Nonpriority Creditor's Name		
URB BAIROA AC-3		
Number Street		
CALLE RODRIGO DE TRIANA		
City, State, ZIP Code		
Who incurred the debt? Check one.		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 3: List Others to Be Notified for a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

1**INTERNAL REVENUE SERVICE**

Creditor's Name

ACS SUPPORT

Number Street

PO BOX 8208**Philadelphia PA 19101**

City, State, ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number:

Part 4: Add the Amounts for Each Type of Unsecured Claim

Debtor 1 DIANA FALCON-DIAZ

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159.
Add the amounts for each type of unsecured claim.

		Total claim
Total		
claims from		
Part 1		
6a. Domestic support obligations	6a.	\$0.00
6b. Taxes and certain other debts you owe the government	6b.	\$161,151.32
6c. Claims for death or personal injury while you were intoxicated.....	6c.	\$0.00
6d. Other. Add all other priority unsecured claims. Write that amount here.....	6d.	\$0.00
6e. Total Add lines 6a through 6d.	6e.	\$161,151.32
Total		
claims from		
Part 2		
6f. Student loans	6f.	\$0.00
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
6h. Debts to pension or profit-sharing plans, and other similar debts.....	6h.	\$0.00
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.....	6i.	\$82,188.74
6j. Total. Add lines 6f through 6i.	6j.	\$82,188.74

Fill in this information to identify your case:

Debtor 1	<u>DIANA FALCON-DIAZ</u>
Debtor 2	<u></u> (Spouse, if filing)
United States Bankruptcy Court for the <u>District of Puerto Rico</u>	
Case number	<u>3:17-bk-3861</u> (If known)

Check if this is an amended filing

Official Form 106Dec

Amended Declaration About an Individual Debtor's Schedules

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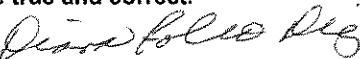
If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person N/A. Attach *Bankruptcy Petitioner's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.


/s/ DIANA FALCON-DIAZ

Signature of Debtor 1

07/14/2017

Date

07/14/2017

Date